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PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 94

Application Number 09/698,550

Filing Date October 27, 2000

First Named Inventor Shervin Moloudi

Art Unit 2682

Examiner Name Marceau Milord

Attorney Docket Number 15258US06

ENCLOSURES (check all that apply)

Fee Transmittal Form

Fee Attached

Amendment/Reply

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Reply to Missing Parts/ Incomplete Application

Reply to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)

Licensing-related Papers

Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD Number of CD(s) _____

Landscape Table on CD

After Allowance Communication to TC

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Return-Receipt Postcard

Other Enclosure(s) (please identify below):

Remarks

Appeal Brief (each 30 Pages) filed in Triplicate. Extension of Time Petition filed in Duplicate.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual Name

McAndrews Held & Malloy, Ltd.

Name (Print/type)

Michael T. Cruz

Registration No. (Attorney/Agent)

44,636

Signature

Michael T. Cruz

Date: October 11, 2005

EXPRESS MAIL DEPOSIT

U.S.P.S. Express Mail Mailing Label No. : EV 639 811 519 US

Date of Deposit: October 11, 2005

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Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

OCT 11 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 620.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
-20 or HP	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
-3 or HP	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Filing a Brief in Support of an Appeal \$500.00; Petition for One-Month Extension of Time \$120.00

620.00

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz		Date	October 11, 2005	